

Inhalant Abuse in Maine

Findings and Recommendations
of the
Maine Inhalant Abuse Prevention Task Force

February, 2005

Maine Inhalant Abuse Prevention Task Force
A Project of the New England Institute of Addiction Studies / Funded by the Center for
Substance Abuse Prevention

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This information is available in alternate formats upon request.

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Introduction

The Problem

This report and the findings and recommendations it puts forth address a substance abuse problem that is both prevalent across the state and dangerous to Maine's young people: inhalant abuse, or "huffing." Inhalants are gases and vapors from products used in homes, offices and schools that are inhaled. Because they get into your lungs and blood so quickly and because they are toxins and pollutants, they can damage all parts of the inhaler's body. Inhalant abuse refers to the deliberate inhalation or "sniffing/huffing" of fumes, vapors or gases from common products for the purpose of getting high. When people use inhalants like drugs, they are really poisoning themselves.

Why Inhalant Abuse is a Priority

Inhalant abuse is an often-overlooked form of substance abuse, which can have serious consequences. Children can die from Sudden Sniffing Death Syndrome the very first time they intentionally inhale a product to get high. Abusing inhalants can kill and can cause brain, liver, and kidney damage or may lead to the use of illegal drugs or alcohol. While young people may have difficulty getting illegal drugs or alcohol, there are more than 1,400 common items that can be huffed, including many that can be easily accessed in the kitchen, garage, office and at school. The products being used as inhalants are safely used by millions of people every day – but can be deadly when misused as drugs.

Inhalant abuse, like other risky behaviors, goes through cycles when it is more common. The last time it was particularly high was in the early and mid 1990's. National data suggests that this behavior is again on the rise. For Maine, the 2002 Maine Youth Drug and Alcohol Use Survey (MYDAUS) reported lifetime inhalant use among 6th through 12th grade students at 20.8% in 1995, 13.4% in 2000 and 12.1% in 2002. While the overall trend is down in Maine a slight increase was reported by 8th graders for lifetime use of inhalants between 2000 (14.8%) and 2002 (15.1%), which is consistent with other national data.

Maine Inhalant Abuse Prevention Task Force

The Maine Office of Substance Abuse, in partnership with the New England Inhalant Abuse Prevention Coalition, formed a statewide task force in order to identify the nature of the inhalant problem in Maine and recommend model prevention practices designed to reduce inhalant abuse. Maine's Task Force focused on the unique features of this state's health and wellness service system. It brought together a broad group of professionals who encounter the inhalant abuse problem in a wide variety of ways. The group met six times to produce the findings and recommendations described below. Maine Task Force members include representation from knowledgeable professionals with a passion for the issue of inhalant abuse within:

Office of Substance Abuse,
Juvenile Justice and Community Programs,
Bureau of Health-
Unintentional & Intentional Injury Prevention,
Pediatricians,
Teen and Young Adult Health Program,
Foster Care and Family Health
Maine Assoc. of Substance Abuse Prevention
Programs,

Nurse Practitioner Association,
Department of Education
School Nurses,
Student Assistance Programs
Juvenile Treatment Network,
Private Non-Profit Residential Care,
Northern New England Poison Center,
Dept. of Health and Human Services Group Care.

Areas of Focus

The Task Force approached the development of a comprehensive approach to the problem by identifying the five broad areas of focus. The five areas include:

1. Continuous Monitoring—efforts designed to regularly and routinely monitor the nature of the problem, in order to understand more fully the incidence, prevalence, and impact of the problem,

2. Community Awareness, including the general public, parents and youth serving professionals—efforts to provide key target audiences with the information, tools and skills they need to respond to the problem, on behalf of youth,
3. Critical Information for Youth—efforts to provide youth with the information they need to use inhalable products safely, and choose not to abuse them,
4. Environmental Safety—efforts designed to restrict access to inhalable products, and promote both the purchase and use of alternative products and the safest possible use of inhalable products when they are the only appropriate product to be used,
5. Help for Kids in Trouble—efforts to identify, intervene with and respond to youth who are using substances, including those youth who are using inhalants casually and youth who are using inhalants regularly in a highly abusive way.

Findings and Recommendations

The Findings and Recommendations are designed as tools to understand the extent of the problem as well as the tools that will fit the needs of Maine's prevention infrastructure and provide an in-state capacity for highlighting the issue of inhalant abuse. They focus on low cost and no-cost activities which can be undertaken by the organizations represented on the task force.

Next Steps

It is the intent of the members of the task force to publish its findings, seek comment from experts and the public on the findings and recommendations, and then to support the implementation of the recommendations that are the highest priorities.

Continuous Monitoring

Findings

Inhalant use is a persistent problem that is cyclical and, although decreasing overall in Maine, seems to be rising among certain age groups at the present time.

*2002 Maine Youth Drug and Alcohol Use Survey (MYDAUS)
2003 Maine Youth Risk Behavior Survey
Monitoring the Future Survey 2002, University of Michigan*

Monitoring the problem of inhalant abuse requires an ongoing partnership among groups that encounter the problem as part of their ongoing work. Key organizational partners include the Office of Substance Abuse, the Bureau of Health, the Department of Education, and the Poison Control Center.

While inhalant use is not the most prevalent alcohol/drug problem comparatively, it is a behavior that carries significant consequences for the youth that use.

*Monitoring the Future Survey, 1999
National Institute on Drug Abuse Research Report, NIH Publication number 00-3818
2002 Maine Youth Drug and Alcohol Use Survey (MYDAUS)
Star Tribune graphic / Ray Grumney*

There are identifiable groups of youth who are at higher risk and therefore require special attention: certain age groups, rural youth, displaced youth, and some Native American communities.

*Monitoring the Future Survey, 1999
National Institute on Drug Abuse Research Report, NIH Publication number 00-3818
2002 Maine Youth Drug and Alcohol Use Survey (MYDAUS)
Monitoring the Future Survey, 2002 University of Michigan
National Household Survey on Drug Abuse Report, March 22, 2002*

In order to take action in an informed way regarding the problem it is essential to monitor use carefully and to draw information from a variety of sources. Three types of measures which appear to be especially useful in a comprehensive monitoring effort are:

- 1) student use / self report
- 2) periodic special analysis of accidents
- 3) retail sales

Continuous Monitoring Recommendations

- 1) On a statewide basis, the Office of Substance Abuse (OSA) should serve as the convening and facilitating organization by fostering and supporting ongoing partnerships with other organizations such as the Department of Education, Poison Control Center, Bureau of Health, Department of Corrections and local providers, in the continuous monitoring of the problem of inhalant abuse.
- 2) OSA should continue to monitor use through A. self-report mechanisms (such as the MYDAUS), B. inpatient and outpatient and residential mental health and substance abuse treatment centers (such as TDS forms), and C. identify year-to-year changes in patterns in order to target specific actions.
- 3) The statewide partners, at least annually, should analyze the relative priority of this issue and prioritize groups and actions that will have the greatest impact. The partners should work with providers and other substance abuse programs to determine where the priority of inhalants lies, while leveraging existing opportunities to increase inhalant education opportunities.
- 4) In monitoring the process, the statewide partners need to work with local professionals and volunteers who have special knowledge about the problem:
 - youth serving professionals
 - those that respond to accidents that may be caused by inhalants. (e.g. fire, rescue, emergency personnel, etc.)
 - physicians, especially pediatricians, medical directors of substance abuse treatment programs, neurologists
 - retailers
- 5) The statewide partners should be proactive with school systems in geographic areas that appear to be high risk and encourage local analysis of data to determine the extent of the problem locally. (Encourage school systems to pursue activities similar to those taken by communities in Aroostook County.)
- 6) All health and human service organizations that serve high-risk youth should adopt screening mechanisms that identify individuals using and aggregate prevalence and incidence of use year to year. (ie. shelters, child welfare, group homes). See also training referenced under Critical Information for Youth and Community Awareness.
- 7) The statewide partners should encourage Maine's institutions of higher learning to partner, through the use of students, with poison control, fire marshals office, and other keepers of accident data to provide special analysis of available data to generate new knowledge that expose patterns of abuse.
- 8) The Bureau of Health and Office of Substance Abuse should engage retailers in a dialogue about the patterns and risks of use and strategies for monitoring unusual sales at the store level to identify inappropriate sales.
- 9) Explore with medical examiners, pathologists, toxicologists, and State Coroner's Office strategies that might help identify individual incidents of inhalant death.

Community Awareness

Findings

Across the State of Maine there are pockets of people who are aware, concerned and responsive to the problem of inhalant abuse. However, knowledge and local action varies widely from group to group and community to community. Because inhalant abuse is not an isolated problem and inhalants are easily accessible in every community, the issue of inhalants needs to be on people's radar in all areas of the State as even one time use can kill.

Different segments of the community need to know somewhat different kinds of information, in order to respond appropriately to the problem, however, all persons need to be clear that inhalants are poisons and fire hazards and should be treated as such. The following chart outlines the different types of information needed by certain groups within Maine's communities to appropriately respond:

Community Group	Need to Know
Parents	<ul style="list-style-type: none"> ▪The nature and size of the inhalant abuse problem in their community ▪Why this is an important issue ▪Who abuses inhalants, how, and why ▪How to recognize the signs and symptoms ▪How and when to talk to their children about the problem ▪What to do if they encounter a child or group of children abusing inhalants ▪What to do if they think their child, or a friend is abusing inhalants (for parents who have a child who is involved with inhalants) ▪ Where to go for treatment ▪ What kinds of treatment are needed for long term users ▪ How to find other parents who have faced and responded to the same problem ▪ Resources
Teachers and Other Youth Serving Professionals	<ul style="list-style-type: none"> ▪The nature and size of the inhalant abuse problem in their community ▪Why this is an important issue ▪Who abuses inhalants, how, and why ▪How to recognize the signs and symptoms ▪How, within their professional role, they can help teach children and parents about the risks of using inhalants without promoting use (what not to say and/or do) ▪What to do if they encounter a child or group of children abusing inhalants ▪How to help youth in trouble ▪Resources
The General Public	<ul style="list-style-type: none"> ▪The nature and size of the inhalant abuse problem in their community ▪Why this is an important issue ▪Who abuses inhalants, how, and why ▪What to do if they encounter a child or group of children abusing inhalants ▪Who is active in responding to the problem ▪Resources
Medical Providers	<ul style="list-style-type: none"> ▪The nature and size of the inhalant abuse problem in their community ▪Why this is an important issue ▪Who abuses inhalants, how, and why ▪How to recognize the signs and symptoms ▪Assessment of risk factors

	<ul style="list-style-type: none"> ▪ Preventive care ▪ Diagnosis/Treatment - how, within their professional role, they can help teach children about the risks of using inhalants without promoting use (what not to say and/or do) ▪ What to do if they encounter a child or group of children abusing inhalants ▪ How to help youth in trouble ▪ Resources
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Experts in inhalant prevention have suggested that in a climate of limited resources, community education and prevention efforts should be targeted at teachers of young children.

Community Awareness Recommendations

A concerted effort needs to be undertaken to educate adults from key groups about the nature of inhalant abuse, how to recognize it, and how they, in their specific role, can respond to the problem when it is encountered. The intent is to raise awareness and build inhalant abuse prevention into current program activities to sustain and maintain a higher level of awareness among parents, youth serving professional and the general public.

The top priorities for adult focused community awareness activities that should be undertaken include:

1) For Parents:

- A) Members of the statewide partnership should review the web-based parent and professional training efforts being undertaken in Massachusetts, and determine whether and how a similar effort might be undertaken for Maine.
- B) Examine the existing Parent Information Kit that is being disseminated by OSA to determine how it can be altered and enhanced to address this issue.

2) For Youth Serving Professionals:

- C) The partners should identify up to three locales where there appears to be a higher than average incidence of inhalant abuse among adolescents. Working with local school officials, law enforcement and other youth serving professionals, partner representatives should undertake an effort to provide local elementary, middle and high school personnel with needed information about the problem.
- D) Update and expand the resources known to and available to the OSA Information and Resource Center to disseminate to the public in response to inquiries about the problem. Some available resources are listed in Appendix A.
- E) Staff should document the process, tools and resources used, and results of the effort, in order to create a model approach that can be replicated successfully in other locations in future years.

3) For the General Public:

- A) Members of the statewide partnership should work with community coalitions in the locales of apparent highest incidence of inhalant abuse to conduct general community awareness of the problem and who is available locally to assist in addressing the issue.
- B) Update and expand the resources known to and available to the OSA Information and Resource Center to disseminate to the public in response to inquiries about the problem. Some available resources are listed in Appendix A.

Environmental Safety

Findings

Environmental safety involves two key components:

- A) Restricting the availability or access to the product, and
- B) Ensuring that when the products are used, they are used as safely as possible

Retailers and end users of inhalable products have roles to play in each of these two areas.

- A) Anecdotal information suggests that individual manufacturers and individual retailers have recognized the risks which inhalable products pose to youth and adolescents. However, we have little understanding in any organized way of who is doing what, or what motivated positive actions by manufacturers or retailers.
- B) Isolated school systems appear to be acting aggressively on their own to restrict access to dangerous products, require the purchase of non-inhalable products when a choice is available, and use dangerous products safely when their use is indicated.

Environmental Safety Recommendations

- 1) Where the origins of isolated actions are unknown, we need to reach out to those organizations and learn more about what they are doing, why, and how to infuse their efforts into other similar places including:
 - A) Proactive retailers
 - B) Proactive school systems
- 2) Analysis needs to be conducted of existing state and federal laws (OSHA; Hazardous materials laws, etc.) to determine what they require and the extent to which existing law can be used to encourage restriction of access.
- 3) Discuss with Maine School Management the possibility of creating a specific sample inhalant policy or integrating inhalant policy language into their current overall sample policy on drugs and alcohol. Encourage and support the development of staff training modules that support the successful implementation of these model policies.
- 4) Prepare and publish a list for parents and others of recommendations for products to purchase which are safe alternatives to inhalable products. Select a sponsor and distributor of this list that provides a “product safety” as opposed to a “drug use prevention” context for the message.

Critical Information for Youth

Findings

Messages to youth must be tailored to their developmental age and their level of knowledge and current behaviors in relation to inhalable products.

Children who are not yet aware of the potential for misuse of inhalable products can benefit most from information identifying the products as poisons to your body, fire hazards and environmental pollutants.

All children should be educated that these products are really poisons, toxins, pollutants and fire hazards and that they should be used in a safe manner (following product directions) and for their intended purpose.

When we explain to children what products may be misused, how these products can be misused, or that these products can be misused to produce a “high,” we are actually educating about how to misuse these products.

Information that specifically identifies brand names or provides information about the apparent euphoric affects of these products, when provided to younger children, runs the risk of encouraging experimentation.

Critical Information for Youth Recommendations

- 1) The partners need to provide youth with critical information about the dangers of inhalable products and the importance of reading product directions, starting at an early age and repeated throughout the years in age appropriate ways.
- 2) Information needs to be provided, regularly over time, as concise, short messages, that are part of larger health and wellness curricula. Several potential, promising specific strategies have been identified:
 - a) Partners should emphasize the importance of ensuring that inhalants are part of a comprehensive school health program.
 - b) Existing school health curriculum for elementary and middle school youth: inclusion of content on inhalants (ie. Project Alert). Lessons used at the classroom level should be assessed and where appropriate include inhalant information in age appropriate lessons. Some existing curriculum currently includes inhalants while others would need its inclusion.
- 3) Use the Virginia Department of Education’s *Inhalant Prevention Resource Guide* as one source of lessons for selected age groups and related materials
- 4) Work with the State’s Headstart programs to begin to introduce the message to preschoolers that inhalable products are poisons and fire hazards.
- 5) Work with the Maine Fire Marshall’s Office to determine the feasibility of replicating some of the fire safety education work that has been done by Massachusetts with elementary school youth, within the framework of fire prevention.
- 6) Identify information and messages that should and shouldn’t be used.

Help For Kids In Trouble

“Kids in Trouble” refer to kids that are beyond the benefit of prevention messages and are using inhalants as drugs.

Findings:

Long-term use may leave youth with cognitive impairments and other debilitating effects requiring special accommodations in education and other programming.

Anecdotal information from service providers suggests that some of the youth who struggle the most with standard treatment programming have a history of inhalant abuse.

SAMSHA Treatment Advisory Issued for Inhalant Abuse, March 13, 2003.

Partners for Substance Abuse Prevention, Partner Focus, Inhalants as Dangers in the Home, School and Community – Body and Inhalants

Neuroscience for Kids – Inhalants <http://faculty.washington.edu.chudler.inhale.html>

Inhalants can be addictive requiring special interventions.

SAMHSA Treatment Advisory Issued for Inhalant Abuse, March 13, 2003.

Drug and Alcohol Services Information System, The DASIS Report – Adolescent Admission involving Inhalants, March 14, 2002

Inhalant use appears to be clustered/associated with other risks and risky behaviors among certain youth populations. For example, youth who are less engaged and integrated into their school and community, are more likely to use other substances.

National Household Survey on Drug Abuse Report, March 22, 2002

Drug and Alcohol Services Information System, The DASIS Report – Adolescent Admissions involving Inhalants, March 14, 2002

Statute provides penalties for inhalants used as drugs and for referral to other services at the discretion of the judge. The part of the statute that holds the most promise in addressing the problem is the provision for evaluation and referral.

Title 22, Statute 2383-C, Unlawful use of possession of inhalants

Help for Kids in Trouble Recommendations

- 1) Assessment and evaluation for inhalant use should be a routine part of admission to facilities assisting displaced youth (group homes, shelters, residential treatment centers, etc.).
- 2) Substance abuse, mental health and behavioral health treatment approaches should be available and offered, including strategies which are appropriate for youth with cognitive defects.
- 3) Recognizing that inhalant abuse is one of a constellation of high risk behaviors of youth who are less engaged and connected to their schools and communities, strategies and services need to be crafted to foster and develop engagement (ie., more mentors for high risk youth).
- 4) Explore protocols, to be available to treatment providers, to utilize when they treat someone who is abusing inhalants (ie. neurological work-up, etc.).
- 5) Aggressively promote awareness of inhalants among staff serving high risk youth wherever they are served.

Appendix A

Inhalant Abuse Prevention: Key Resources

- **Office of Substance Abuse**, The Maine Office of Substance Abuse **Information & Resource Center (IRC)** offers resources free to anyone in Maine. Resources include books, pamphlets, videos and referrals to other resources. An online searchable catalog is available which contains many of the resources identified below.
<http://maineosa.org/irc> E-mail: osa.ircosa@maine.gov
Phone: 1-800-499-0027 or 207-287-8900 TTY: 1-800-215-7604 or 207-287-4475
- **Northern New England Poison Center**, Poison Specialists are available 24 hours 7 days a week to answer questions about inhalant abuse and other poison related questions. Lectures and presentations for adults or children are available upon request. Call 1-800-222-1222 for further information.
- **New England Inhalant Abuse Prevention Coalition**, for questions about inhalant abuse, contact us at 1-800-419-8398 or information@inhalantprevention.org.
- **Massachusetts Department of Public Health Inhalant Abuse Task Force Handout Set** (adults only), and an inhalant prevention brochure (youth audience). Available by calling 617-624-5143 or e-mailing questions.bsas@state.ma.us. Many of the handouts are available at <http://www.state.ma.us/dph/inhalant/> but have been modified to remove the names of products, how they may be abused, and their euphoric effects.
- **Virginia Inhalant Prevention Resource Guide**, K-12. State of the art inhalant prevention curriculum guide including lessons and background material. Developed by Isabel Burk, Director, The Health Network (845-638-3569) for the Virginia Dept of Education. May be downloaded from <http://www.healthnetwork.org/>. In the public domain.
- **“Danger! Toxic Chemicals”** This is an inhalant prevention video targeted for students in grades five to nine. The video explains the dangers of inhalants and models refusal skills. It does not show what products are being abused or how to abuse them. Highly recommended because it uses the approach that inhalants are not really drugs, but are poisons, toxins, and pollutants. Publisher: Hazelden Foundation. Video, VHS format, 1999, Grades 5-8, 14 minutes; 1-800-328-9000; Item 4063. \$203.00
- **National Inhalant and Poison Awareness Week Local Coordinator’s Kit**, National Inhalant Abuse Coalition. This kit contains everything a school, community agency, or state program needs to conduct a community awareness campaign. It has complete guidelines for coordinators, news releases, and fact sheets, PSA scripts, camera ready art and suggestions for special events and more. Harvey Weiss, Executive Director. 1-800-269-4237. \$35 + \$5 for shipping/handling. Very informative website: www.inhalants.org (not edited for children).
- **“NIDA Research Report: Inhalant Abuse.”** Published by the National Institute on Drug Abuse. This is a good overview of the inhalant problem. It is suitable for parents and as an introduction to the issue for professionals. Revised 2004. At <http://www.nida.nih.gov/ResearchReports/Inhalants/Inhalants.html>. This may be downloaded and copied or ordered (NIH Publication No. 00-3818) from NCADI 1-800-729-6686.
- **“CSAT Substance Abuse Treatment Advisory, Volume 3, Issue 1: Inhalants.”** Revised 2004. This newsletter gives current information and statistics on inhalants, such as what they are, how they’re used, who is using them, why they’re popular, what they do to the body, and what their long-term effects are. Also discussed is the addictiveness of inhalants and how inhalant users receive treatment. Additional resources are listed. Bibliography. This may be ordered (NIH publication no: 00-3818; NCADI no: MS922 at NCADI) or downloaded at <http://store.health.org/catalog/productDetails.aspx?ProductID=16506>.
- **Massachusetts Public Fire and Safety Education Curriculum Planning Guidebook** (Revision due Fall 2004) For more information, contact Jennifer Mieth, MA State Fire Marshall’s Office 978-567-3381.
- **Web-based classes** for parents and a web-based class for youth-serving professionals, New England Inhalant Abuse Prevention Coalition. (Available in Fall of 2005).

New England Inhalant Abuse Prevention Coalition

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800.419.8398